| (Date) | | | | |
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| | | | | |
| | | | | |
| (Other Party's Name) | | | | |
| | | | | |
| | | | | |
| (Other Party's Address) | | | | |
| Case No: | | | | |
| Dear (Other Party's Name) | | | | |
| (Other Party's Name) | | | | |
| I am required to send this copy to you under to objection to my request to reschedule the court do AM / PM, you have five (5) business days to put party to the action. | Waukesha Cour ate set for t your objection in | nty Local Family | Court Rule 9.1. 20_ nd it to the Court, n | If you have an _at ne and any other |
| The decision to reschedule is made at the Cour hearing will proceed as previously scheduled. I reschedule the hearing as requested. | | | | |
| For more information, please visit http://courtse Waukesha County Family Division at (262) 548-75 | | county.gov, cor | ntact your Attorney | , or contact the |
| Sincerely, | | | | |
| (Signature) | | | | |
| (Print Name) | | | | |
| Enclosure: Request to Reschedule | | | | |
| CC: Waukesha County Family Court Waukesha County Child Support Agend Other Other | су | | | |